Name: 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS \boxtimes λ 2015 Annual (Due: May 16, 2016) Member of or Candidate for U.S. House of Representatives District: State 3 Daytime Telephone: Amendment For Use by Members, Officers, and Employees Form A 7°2 225 2871 **Employee** Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. STATE SECUENCE SALLY TELEGRAP (Office Use Only) 1:59 HAND DELIVERED, 10

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
No.	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
× s	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

Yes No X	EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all Yes three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.
Yes No X	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes
Yes No X	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes

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For rental and other real property hald for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial inferest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	BLOCK A Asset and/or Income Source BLOCK B Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value valuation method other than fair market value, please exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that \$200 in "unearned" if an asset was sold during the reporting period, and (c) any other reportable asset or source of income that \$200 in "unearned" if an asset was sold during the reporting period income during the year. **Column M is for assets held by your spouse or depotence only ticker symbols). **For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account the reporting here.
	A B C D E F G H - J K L M	period. If you use a specify the method are specify the method and is included only lone."
arm Income)		
,000,000°		BLOCK D Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column Xil is for assets held by your spouse or dependent child in which you have no interest.
	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCKE Transaction Indicate if the asset had purchases (P) sales (S), or exchanges (c) exceeding \$1,000 in the reporting peniod. If only a portion of an esset was add, please indicate as follows: (S (part)).

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or Johilly held with anyone (JT), in the optional column on the far left.

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discussion of Schedule refer to the instruction booklet.

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Spouse/DC Asset over \$1,000,000*

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(Specify: e.g., Partnership Income or Farm Income)

Spouse/DC Asset with Income over \$1,000,000*

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47 <u>√</u> Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. 닉 Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. **SCHEDULE B - TRANSACTIONS** SP SP, DC, JT Column K is for assets solely held by your spouse or dependent child. ş Cocacak, Ishures (one sipson) Index Mr Calley Surry (Plea Equity approx MN Colly Sun, Pha Guarded with AND College Statis, Pics Cisco Systems, Stucke Ishures Core his Aggregate Bund Western Asset Municipal thryn-Income RIVERSHIPE HOSS, VP Modert Agricultus MN Cillege Stronge Plan MN Cilly Surgi Ples Mething but Act frat, stok Identi Care Siptiated Struck Mulicity ETE Throat Universal Life Insurance Virgues Goute ETF Hybranes Tips Bond ETF Theres STP Sus Crunth Mor Callege Sering Plan Genera Frankon Example Mega Corp. Stock 727 Asset A Pook Concreted options Education of the × X X X × X Purchase Type of Transaction X × Sale × X × × × Partial Sale X × Name: Check Box if Capital Gain × Exceeded \$200 9/23/15 विष्यार 31/1× 15/12 3/121/5 3/182/10 4915 3/9/15 Mouth 7.61X 121115 1/5/15 2/27 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable 5/2415 31 NZ B 3 Marthy 4/13/15 Presty. Date 35/15 X \$1.001-× X × X X × × ⊀ X X X × × > \$15,000 \$15,001-\$50,000 $\boldsymbol{\varkappa}$ ø Laulser \$50,001-\$100,000 o \$100,001 O \$250,000 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 797 \$1,000,001 \$5,000,000 G Page \$5,000,001-\$25,000,000 I S \$25,000,001-\$50,000,000 잌 Over \$50,000.000 0 Over \$1,000,000° * (Shouse/DC Asset)

SCHEDULE B - TRANSACTIONS

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SCHEDULE C - EARNED INCOME

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Name: You Taulse Page of 10	7
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	r a spouse, list
the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	
EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Source (include date of receipt for honoraria) Keene State State of Maryland Child War Roundtable (Oct. 2) Child War Roun	e totally prohibited. Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	Amount \$8,000 \$1,000 WA
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SCHEDULE D ~ LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fraternal, or political entities (su	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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									Minneapolis - Prague - Homeaplis	DC-Havana-Minnonpolis	Mirrocapolis-Auditary-Niaroadis	DC-Boston-DC	DC-Beijing, China-DC	City of Departure-Destination-City of Return
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										4	-4	Y	۲	Lodging? (Y/N)
									4	~	h	۲	Υ	Food? (Y/N)
									Y	Z	Z	Υ	z	Family Member Included? (Y/N)

Name: Sik Poulse

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						•	NOTE NUMBER
						Aportion of the Thrivest Universal Life-Instructe exchange occurred in Jan 2016 because the freezestant happened so close to Dec 31, 2015.	NOTES